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HIV and partner violence: What are the implications for voluntary counseling and testing?

Carolyn Knapp

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Many women face the threat of both HIV/AIDS and partner violence.

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HIV and Partner Violence: What are the implications for voluntary counseling and testing?

Millions of women around the world face two great threats to their health and well-being: HIV/AIDS and violence by an intimate partner. In recent years, researchers have investigated how these two global epidemics overlap in women's lives. One of the strongest associations between the two is the role that violence and the threat of violence play in limiting a woman's ability to negotiate safer sex with a partner.

A similar fear of violence also discourages women who receive HIV voluntary

BY CAROLYN KNAPP

counseling and testing (VCT) from telling partners about their test results, according to a new study conducted by Muhimbili University College of Health Sciences and the Horizons Project. The research explored the links between HIV infection, serostatus disclosure, and partner violence among women attending a VCT clinic in Dar es Salaam, Tanzania.

"Disclosure can encourage partners to test for HIV and to get counseling that can help them change risk-taking

Focus on VCT: Findings from Africa

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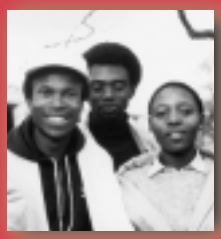

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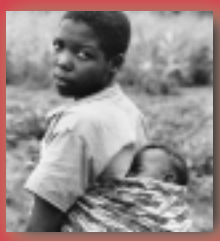

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The Population Council implements the Horizons Project in collaboration with the International Center for Research on Women, the International HIV/AIDS Alliance, the Program for Appropriate Technology in Health, Tulane University, and the University of Alabama at Birmingham.

behaviors," said Dr. Jessie Mbwambo of Muhimbili University, a principal investigator for the study. "Disclosure also helps a woman plan for the future, enabling her to make decisions about conception or, if she's pregnant, about preventing mother-to-child transmission."

How do violence and the fear of violence influence a woman's decision to undergo VCT and whether she chooses to disclose test results to her partner? The researchers began with a qualitative research phase by interviewing 15 women, 17 men, and 15 couples who were VCT clients at the Muhimbili Health Information Center (MHIC). In this first study phase, the goal was to understand how violence is defined within the Tanzanian cultural context and what factors influence women and men as they decide whether to undergo HIV testing and counseling. In the study's second phase, the researchers interviewed 245 women who had been tested and counseled three months earlier. Nearly a third of the women were HIV-positive, almost half were married, and 50 percent were between the ages of 18 and 29.

The Decision to Test

While both male and female informants described HIV testing as a way to plan for the future, each differed markedly in their reasons for getting tested. Men were motivated to test primarily to confirm an assumed negative HIV status. Men also described HIV testing as a way to regain the trust of a partner who suspects infidelity.

Conversely, women were more concerned about a positive result. A woman's decision to test was often prompted by her own illness or the illness or death of a child or partner. MHIC service data, which show that 33 percent of female clients are HIV-positive compared to 15 percent of men, support this.

The social meanings ascribed to HIV testing by individuals and their communities were significant barriers to getting tested and disclosing results. For both men and women, HIV testing implies a lack of faith in the partnership, a lack of trust in one's partner's behavior, and an acknowledgement of one's own risky sexual behaviors. Most respondents found it difficult to discuss HIV testing with partners without threatening the relationship.

Seeking Consent

Yet for women the difficulty is compounded by fear of male authority and potential conflict. Both women and men frequently referred to the need for women to "seek permission" from partners prior to testing, while men generally made the decision to test on their own without asking consent.

Perhaps most striking, the odds of reported violence among young HIV-positive women ages 18 to 29 were ten times higher than among HIV-negative women.

"My wife didn't know," said an HIV-negative male informant. "That day [that I tested] I passed by and read that advertisement there. I decided to test. But even if I tell her, she would not object. Am I not the father? I just comfortably go."

For many of the women who talked to their partners about testing before going to the clinic, the discussion was tense. A woman's decision to test often led to a battle with her partner—or was ultimately made without her partner's knowledge. Many women experienced conflict when partners found out they had visited the clinic without permission.

"Now when a woman goes without the consent of her husband, the man feels that [she] has made mistakes," said a married, HIV-negative male informant. "He says, 'For what reason did you go to test your blood without my permission?' "

The Reality Behind the Fear

More than a fourth of the 245 women interviewed agreed with the statement, "Violence is a major problem in my life." Informants of both sexes in fact accept certain levels of partner violence as a way to "correct" or "educate" women and believe that violence against women that does not leave a physical mark is justifiable.

"My Tanzanian colleagues and I were sur-

prised at the social acceptance of violence that both men and women described," said Dr. Suzanne Maman of Johns Hopkins University, one of the study's principal investigators. "These attitudes need to be addressed through interventions to raise awareness of the level and consequences of violence in communities."

For some informants, such fear has been built over a lifetime. Nearly 9 percent of the women surveyed reported that as children under 12, they had had a forced sexual experience with someone older than themselves at least once, often a family member, neighbor, or family friend. When asked whether they had ever been hit, slapped, kicked, or otherwise physically hurt by an intimate partner, 38.5 percent said that they had. And nearly a third of the women experienced at least one physically violent episode by a current partner in the three-month period prior to testing.

Rising Disclosure Rates

Despite the backdrop of violence in the lives of many female VCT clients, the researchers found that disclosure rates to partners by women have risen dramatically since the mid-1990s, when researchers gathered disclosure data at MHIC. In that study, only 27 percent of HIV-positive women who got tested as individuals (not as a couple) disclosed their results to a partner six months after testing. In this study, 64 percent of HIV-positive women told a partner about their status within three months of being tested. For HIV-negative women, the figure was almost 80 percent.

Several factors likely contribute to this difference, including greater community awareness of HIV and possibly less associated stigma and greater emphasis on disclosure during pre- and posttest counseling sessions. Yet partner disclosure remains a difficult decision for many women. Half of the women who did not disclose reported fear of their partners' reaction, principally physical abuse or abandonment.

The ability to communicate with partners about getting tested, despite the potential for conflict, proved to be an important factor in a woman's decision to disclose. If a woman discussed HIV testing with a partner before seeking services, the disclosure rates were significantly higher: 95 percent of women who told their partners they were going to be tested disclosed their test results, compared to 54 percent who did not tell their partners.

Surprising Results

Overall, among women who did reveal their results to their partners, the rate of negative outcomes was very small. Most women said their partners showed support and understanding when told the results. However, a significantly greater proportion of HIV-negative than HIV-positive women reported this positive reaction.

Twelve women reported one or more negative responses by a partner. This included being blamed for the results or for getting tested, physically assaulted (one HIV-negative woman and two HIV-positive women) and/or told to leave the house or abandoned (one HIV-negative woman and three HIV-positive women).

This study thus shows that while there is considerable *fear* of a partner's reaction—likely due in large part to the overall prevalence of violence in the lives of women in this study—there is little evidence from either the HIV-positive or HIV-negative women surveyed that serostatus disclosure frequently leads to physical violence.

"It was a pleasant surprise to find low levels of negative outcomes, but the message of the study is actually quite complex," said Dr. Maman. "For some women, disclosure will remain risky, with potentially serious repercussions. For others, counseling approaches that encourage but don't force disclosure can help women develop safe disclosure plans."

Developing an ethic of responsibility among men and women for the health and wellbeing of their sexual partners should be the foundation of efforts to prevent both violence and HIV transmission.

Although the link between partner violence and disclosure is weak, other data from the study strongly support the association between physical violence and HIV infection. HIV-positive women were 2.68 times more likely than HIV-negative women to have experienced violence perpetrated by a current partner. Perhaps most striking, the odds of reported violence among young HIV-positive women ages 18 to 29 were ten times higher than among HIV-negative women. As intriguing as this evidence is, this study is constrained by the limitations of cross-sectional surveys and cannot thoroughly explain why partner violence increases women's risk of HIV infection.

"We need to do more research among younger HIV-positive women to learn about their relationships and the violence that occurs in those relationships," said Dr. Mbwambo.

Study Findings Suggest Action

Based on these study results, the researchers suggested important steps that VCT programmers and policymakers can take to lessen the effect that violence and fear of violence can have on a woman's decision to test and to disclose results.

- **Train VCT counselors to ask questions about partner violence and to develop safe disclosure plans for individual clients.** At the time of this study, counselors did not ask clients about experiences with partner violence. Counselors must be trained to ask sensitive questions about violence in their clients' lives and to use this information to encourage but not force partner disclosure by clients. Safe disclosure plans can be tailored to respond to the specific circumstances and concerns of individual clients. Counselors should also know how to refer clients who fear partner violence to support services.
- **Develop and test community-based interventions that raise awareness and change norms about violence.** Encouraging the development of an ethic of responsibility among men and women for the health and wellbeing of their sexual partners should be the foundation of efforts to prevent both violence and HIV transmission.
- **Enact and enforce laws that punish perpetrators and help women leave risky relationships.** Governments need to enforce international conventions and national laws designed to protect women from violence. Improvements in legislation governing child custody, divorce, inheritance, and property laws could also create the conditions that would make it easier for women to leave violent relationships.

Finally, the findings highlight the need to conduct more research at other VCT sites with both women and men to examine the relationship between clients' HIV serostatus, disclosure to partners, and the incidence of negative outcomes to those who disclose. Operations research is also needed to test community-based interventions designed to change harmful attitudes and norms about sexuality and violence.

Carolyn Knapp is a communications and outreach specialist on the staff of the International Center for Research on Women.

Principal investigators for this study include Jessie Mbwambo (jmbwambo@muchs.ac.tz), Margaret Hogan, and Gad Kilonzo of Muhimbili University College of Health Sciences; Suzanne Maman (smaman@jhsph.edu) and Michael Sweat of the Johns Hopkins School of Public Health; and Ellen Weiss of Horizons/International Center for Research on Women (eweiss@pcdc.org).

For the full report on this study, go to www.popcouncil.org/pdfs/horizons/vctviolence.pdf. If you prefer to receive a Word file, send a request to horizons@pcdc.org specifying which Word format you use. Printed copies are also available on a limited basis.

Young people have very few sources of information about sexuality and HIV.

ICRW

Making VCT More Youth-Friendly

Designing services to reach young people

For 20-year-old Celeste (not her real name), getting an HIV test and counseling marked a big change in her life.

"When I found out that I was negative…I began valuing my life more than anything else and I stopped having sex without a condom," she said. "I even encouraged my boyfriend to go for a test."

Celeste's experience with voluntary counseling and testing (VCT) in Kampala, Uganda, was clearly a positive one. But it's not clear that all VCT services—designed primarily for adult clients—are effective and appropriate for young people, who

BY KERRY MACQUARRIE

account for the majority of all new HIV infections in east and southern Africa. Are young people aware of and interested in testing and counseling? Do youth who seek out VCT have special counseling needs—and are these needs being met?

These questions were the focus of a formative research study recently completed in Nairobi, Kenya, and Kampala and Masaka, Uganda, by researchers from Makerere University, the AIDS Information Centre, and the University of Nairobi, with support from the Horizons Project. Researchers used focus groups, in-

depth interviews, and surveys directed to youth, parents, service providers, community members, and policymakers to ask about young people's experiences with and attitudes about counseling and testing and how VCT services can become more youth-friendly. In all, researchers spoke to 572 young people, ages 14 to 21, in all three cities. Of those who had been tested, 84 were male and 156 female; of untested youth, 164 were male and 168 female.

Awareness and Effects of VCT

In both Kenya and Uganda, young people were overwhelmingly aware that HIV testing is available to them, but while many could correctly cite the location of a testing program in their city, far fewer were aware of a facility close to where they live. Many young untested respondents also expressed interest in getting a test. In Nairobi, 77 percent said they would like to take advantage of VCT in the future, as did more than 90 percent at the two sites in Uganda.

An important finding is that most tested youth intend to practice safer sex, such as abstaining from sexual intercourse, practicing monogamy, using condoms, or reducing the number of sexual partners. Males and females reported similar intentions, except in Uganda, where the proportion of females who say they will stick to one partner was statistically greater than for males.

One message in particular came through loud and clear: Counseling is key. Young people said that they greatly appreciate the information and advice they received from counselors, citing counseling most frequently as a feature they liked in their testing experience. Such responses indicate that counseling should be part of any overall strategy for reducing HIV infection among youth.

"Young people have very few sources of information about such topics as sexuality and HIV and really value the information they get during counseling," said Dr. Ann McCauley, a principal investigator for the study. "We were surprised to discover that about 10 percent of the youth in the study who went for testing were not sexually active but still wanted counseling and accurate information about HIV."

Are Counseling Services Adequate?

Unfortunately, about 25 percent of tested youth in both countries did not receive the full complement of pre- and posttest counseling recommended for VCT—and some received no counseling at all. One in four tested youth in Nairobi received no pretest counseling; an even greater proportion received no posttest counseling and instead got their results either as a written report or from a third person such as a parent. As one 16-year-old Kenyan girl commented, "Nobody counseled me, and I was afraid."

Another serious problem with counseling services is that counselors lack training in how to counsel youth. Only half of the counselors interviewed in Kenya had received such training, and most who did never received refresher training.

Young people who received counseling said they greatly appreciate the information and advice.

"Young people have special counseling needs," said Dr. McCauley. "For example, young people may be afraid to tell their parents that they're sexually active, so they need counseling in how to disclose to adults who may not approve."

Finally, tested youth were seldom referred to any type of follow-up service for either prevention or support after they received their HIV test results (Kampala youth had the most referrals, but still 60 percent of tested youth did not receive referrals). Yet 91 percent of youth told researchers that more youth would seek out testing if they were aware that posttest support systems existed. Providers also said they want to be able to refer youth who have been raped, who plan to leave home or school, or who threaten to kill themselves or harm their partners to appropriate services or support groups.

Other Barriers for Youth

Above all, youth consider privacy and confidentiality to be primary considerations in determining whether and where to go for testing. About 80 percent of young infor-

WHO/ J. AND P. HUBLEY

Confidentiality and cost are primary concerns for young people considering HIV testing.

mants in both countries cited lack of confidentiality as a serious deterrent for youth who might want to be tested.

But young people themselves were able to offer suggestions to mitigate such concerns for their peers. One idea proposed is that testing services be provided in separate youth facilities to ensure privacy. Preferably, services would be available at places that youth frequent, so it would not be apparent that a young person entering a facility was seeking an HIV test.

Another serious barrier to testing cited by young people is affordability. More than three-quarters of young respondents in both countries believe that cost may inhibit youth from seeking an HIV test. Of the untested youth, 13 percent in Kenya and 24 percent in Uganda cited the cost as a reason they did not seek testing. Respondents suggested lower prices would allow more of their peers to take advantage of testing.

About 25 percent of tested youth in both countries did not receive adequate counseling. As one 16-year-old Kenyan girl commented, "Nobody counseled me, and I was afraid."

Phase Two: Improving Services

Such suggestions are being taken to heart in the next phase of this effort, as service providers in Uganda use these findings to implement full-scale, youth-oriented services, including training experienced youth counselors to provide VCT services. New services will be added at the Naguru Teenage Centre in Kampala, where VCT will be offered on specific days at set times, and a youth-friendly room will be added to existing VCT services at the AIDS Information Centre. Also planned is a new communications campaign to promote VCT among youth and to make youth aware of these services. As part of this campaign, service providers will implement a discount system in which young people and workers at health fairs will distribute discount cards for VCT services.

As the effort enters into this next phase, researchers hope to learn if youth will really seek testing as a result of these service improvements. The researchers plan to monitor whether improved services mean that more youth seek out VCT, refer their peers for counseling and testing, and report positive experiences with VCT.

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Principal investigators for this study include Edward Kirumira of Makerere University, Uganda (kirumira@starcom.co.ug), Milka Juma of Horizons (mjuma@popcouncil.or.ke), and Ann McCauley of Horizons/ICRW (amccauley@pcdc.org).

For a summary of this study, go to www.popcouncil.org/horizons/ressum/vct_youth.html. A full report of the baseline findings is forthcoming. If you prefer a Word file, send a request to horizons@pcdc.org and specify which Word format you use.

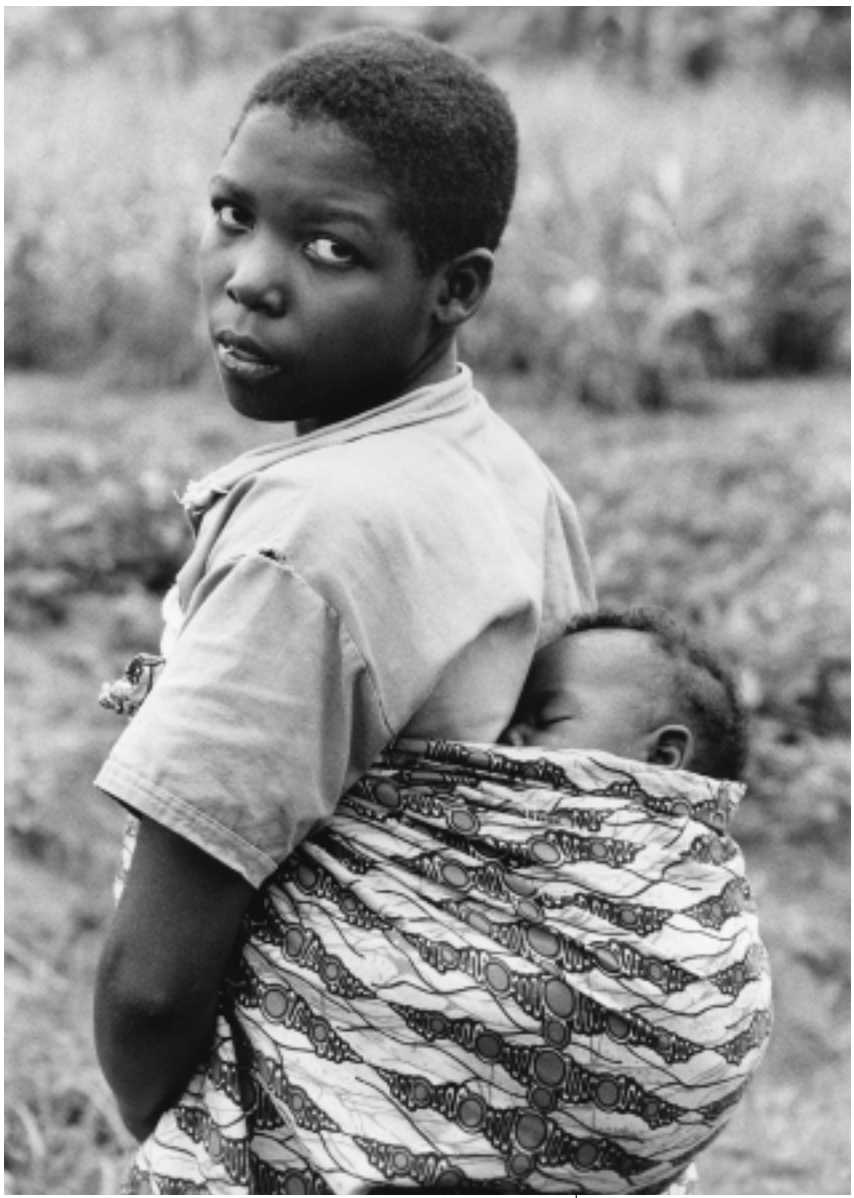
Study Examines Package of Services for Prevention of Mother-to-Child HIV Transmission

VCT is a key element of interventions designed to prevent mother-to-child transmission.

BY MARGARET J. DADIAN

In 1994, researchers made an important breakthrough in HIV prevention when they discovered that the antiretroviral drug zidovudine (AZT) can significantly reduce mother-to-child transmission of HIV. Several clinical trials confirmed that a more affordable short course of AZT alone or in combination with other antiretroviral drugs is also effective. More recently, another antiretroviral, nevirapine, has proven equally effective for prevention of mother-to-child transmission (PMCT) and is simpler and less costly to dispense.

These discoveries have led to a global call for access to antiretroviral drugs for HIV-infected pregnant women and for the services necessary to deliver these drugs and to counsel and support mothers. PMCT programs, which have long been available in the United States and other industrialized nations, are now part of routine antenatal care in Thailand, Brazil, and other countries that can afford the high costs. But few nations in sub-



UNICEF/5183/EDITH SIMMONS

AIDS has doubled infant mortality in the most severely affected African countries.

Saharan Africa and other poor regions, where the need for PMCT is enormous, have health care systems with the necessary staff, counseling and outreach services, clinical and lab capacity, and funds for medications and required tests and equipment.

Can effective, affordable, and acceptable PMCT services be designed for such resource-poor settings? In Kenya and Zambia, the Horizons Project and several regional partners have launched a pioneering operations research effort to test a package of PMCT services integrated into several existing antenatal clinics. In Kenya, Horizons has teamed up with the Network of AIDS Researchers in East and Southern Africa (NARESA), in collaboration with the Ministry of Health, the National AIDS Control Council, and UNICEF/Kenya. In Zambia, Horizons' key partners are the Mother-to-Child-Transmission Working Group, appointed by the HIV/AIDS/STD/TB Secretariat, and UNICEF/Zambia.

A Comprehensive Approach

To deal with the complexity of the problem and study its impact, health personnel at all of the sites are implementing a comprehensive package of services that includes community outreach, HIV voluntary counseling and testing (VCT), improved antenatal and obstetric care, antiretroviral drugs and breast milk substitutes for HIV-positive mothers, and ongoing monitoring of the health of both mothers and infants for a year after the birth.

The study focuses on such issues as why women choose to use or not use services, how the intervention affects the morbidity and mortality of infants and the health of mothers, whether the intervention decreases the rate of HIV transmission from mother to child, and whether receiving VCT helps women plan for the future. Cost-effectiveness and quality of care are also focal points for the research.

Counseling is of central importance to the intervention. It gives women clients the information and support they need to decide whether to be tested and, if they do test, understand the choices they can make to maintain their health and their infants' health. For HIV-positive mothers, counseling continues to support appropriate feeding choices for their infants to minimize HIV transmission. So far, more than 500 staff in Kenya and Zambia have been trained in counseling techniques and in improved antenatal and obstetric care, sick child care, and infant feeding. Observations, interviews, and qualitative data collection with clients and staff will help the research team assess the quality of the counseling and make necessary improvements.

One lesson learned about PMCT counseling is that it's too time-consuming to be easily integrated into standard antenatal counseling. Staff in both countries are doing double duty until more counselors can be hired to handle the demand.

Counseling gives women the information and support they need to understand their choices for maintaining their own health and their infants' health.

THE IMPACT ON AFRICA

If left untreated, as many as 35 percent of HIV-positive mothers in developing countries may pass the virus on to their infants in the womb or birth canal or through infected breast milk. In sub-Saharan Africa, where HIV prevalence is high among pregnant women, this translates to hundreds of thousands of new infections among infants each year. AIDS has already doubled infant mortality in the most severely affected African countries and threatens to reverse years of progress in child survival.

"Despite the current overload, most antenatal clinic staff express considerable enthusiasm for the intervention, which they feel empowers them for the first time to make a real difference in addressing HIV in their communities," said Dr. Dorothy Mbori-Ngacha, a principal investigator for the study in Kenya.

Learning on the Job

In addition to building a dedicated counseling team, the intervention has also succeeded in setting up comprehensive record-keeping systems to keep track of study respondents and to monitor the supply and flow of antiretroviral drugs and formula. Other important milestones since the study began include upgrading of health facilities and construction of new offices for the MTCT Working Group Secretariat in Zambia, baseline data collection, the development of a communications strategy for outreach into the community, and monitoring and evaluation of the progress of the clients and the impact of the intervention.

Yet challenges remain. Follow-up care networks for both HIV-positive and HIV-negative women (to support prevention and safe behaviors) need to be strengthened. Community outreach efforts have barely begun, and as a result community support is not yet as strong as it needs to be to assist HIV-positive women who want access to other care and support services.

An important challenge for the intervention is involving men in the counseling and care offered to their pregnant partners. While the researchers understood the importance of male involvement from the very beginning, it has been difficult to reach out of the antenatal clinic setting—seen within these communities as a female environment—and bring men in for services, too. Without such outreach, some men will remain suspicious of the services and act as barriers to their partners' involvement. Men may also impose their preferences about infant feeding on their partners. Some of the women who refused VCT or took an HIV test but did not return for results told the research team that the reason was the disapproval of their male partners.

"Men clearly play a critical role in supporting women to take advantage of the package of PMCT services," said Dr. Naomi Rutenberg, a principal investigator for the study. "While we've seen a small group of supportive male partners who come for VCT or to pick up formula, and another small group of hostile partners, there is a large group of men in the middle to target with outreach efforts."

> Most clinic staff feel this intervention empowers them for the first time to address HIV in their communities.

Early results from the Horizons studies are already being fed into widespread scale-up efforts in both Kenya and Zambia, which will continue to benefit from lessons learned from these studies to guide implementation.

The research continues into 2002.

Principal investigators for this study include Ruth Nduati (rnduati@iconnect.co.ke) and Dorothy Mbori-Ngacha of NARESA (Kenya), Margaret Siwale and Chipepo Kankasa (ckankasa@zamnet.zm) of MTCT-WG (Zambia), and Naomi Rutenberg (nrutenberg @pcdc.org), Sam Kalibala, and Charles Mwai of Horizons.

Horizons AIDSQuest: An HIV/AIDS Survey Library
http://www.popcouncil.org/horizons/AIDSquest/index.html

This new databank is a comprehensive on-line library of survey questions and instruments about HIV/AIDS, including such topics as risk and prevention behaviors, stigma, care and support, and gender and sexual relationships. With contributions from major AIDS research organizations, the library is an excellent tool for HIV/AIDS researchers who want to look at other surveys and get information on validation and reliability. To request a CD of the databank (available soon), send an e-mail to horizons@pcdc.org or write to the Horizons address in Washington.

Studies in Brief

KATHMANDU, NEPAL
Assessment of Anti-Trafficking Efforts Finds Disunity Among NGOs

The trafficking of Nepali women and girls both within the country and across the Indian border is an ongoing human rights crisis that has received considerable international attention. NGOs and government agencies in the region have launched anti-trafficking interventions to raise community awareness as well as rescue women and girls from brothels, offer them counseling and care, and return them to their homes or train them in new vocational skills. To document and analyze the different approaches taken by these efforts, the Asia Foundation and Horizons recently released an assessment of anti-trafficking interventions in Nepal that finds significant disparity in the strategies and messages of different organizations and networks.

Trafficking of Nepali women and girls is an ongoing human rights crisis.

UN/155711/JOHN ISAAC

To understand the assumptions about trafficking that underlie intervention efforts, the researchers interviewed ten Kathmandu-based NGOs, one local agency, and four key informants. Overall they found a lack of conceptual clarity among many organizations they interviewed and little understanding of related human rights issues, leading some NGOs to confuse trafficking with sex work and with migration in search of income opportunities or a better life.

"Consequently, migration becomes classified as trafficking, and any woman going to work in India is assumed to be entering the sex trade," write Dr. Catrin Evans and Pankaja Bhattarai, researchers for the study.

> Some program messages associate trafficking with contracting HIV, with little regard for the stigma that results for migrants.

"Interventions based on these assumptions tend to take a welfare-oriented, top-down approach, in which the organization purports to know what's best for Nepali women."

This perspective also affects many trafficking prevention efforts, particularly in the rural areas from which many trafficked women and girls come. Anti-trafficking campaigns may use frightening public service messages to prevent women from leaving home, rather than giving advice on how to migrate safely or supporting female migrants once they reach their destination. Some messages also associate trafficking with contracting HIV, with little regard for the stigma that results for migrants.

Other NGOs have created empowerment programs that offer a range of options to

women and girls, both those who seek to migrate and those who want to leave sex work. For example, rather than advising all returned trafficked girls to return to their families—which may be undesirable or impossible for many—these programs offer counseling to build self-confidence and independence, as well as less traditional vocational training.

The analysis recommends that Nepal's three anti-trafficking networks, which are divided ideologically, develop a common platform and coordinated programs based on protection of human rights. Such unity would eliminate the problem of conflicting public messages about trafficking and avoid duplication of efforts.

As part of the same study, the Asia Foundation and Horizons have also carried out an analysis of laws and policies in Nepal that govern prevention and control of trafficking, as well as research on community perceptions of trafficking and its determinants. For more information, contact Dr. Celine Costello Daly, Horizons Project, at horizons@pcindia.org

WINDSOR, U.K.
NGO Seminar Examines the Challenges of Scaling-up

Scaling-up HIV/AIDS programs to broaden their impact is now considered one of the most important next steps in the global campaign against the epidemic. Yet despite the growing sense of urgency to reach out more widely with prevention and care interventions, there is little consensus about what scaling-up means and how to design successful scaling-up strategies.

Last September, representatives of more than two dozen NGOs and other organizations from around the world met near London to exchange lessons learned about scaling-up. Organized by the International HIV/AIDS Alliance and the Horizons Project, the gathering focused on the experiences of the NGOs themselves as they take on this important challenge.

One particularly complex task was defining the term "scaling-up." While the most common definition equates scaling up with expansion of coverage to more clients, seminar participants suggested a broader meaning that also focuses on quality of services, greater impact, and improved sustainability—goals that are not always expressed when groups feel pressure from outside to scale-up before they're financially and technically ready. Participants agreed that the exercise helped emphasize the need for NGOs themselves rather than donors or policymakers to control decisions about whether and how they should scale-up, at a pace and in a direction that makes sense for their resources, setting, skills level, and capacity.

"After the seminar, I realized how important it is to keep quality in mind when planning for scale-up of interventions," said Baba Goumbala of the Alliance Nationale Contre le SIDA in Senegal. "Too many people confuse scaling-up with simply doing more, forgetting that we also need to do things better."

To gain a broader perspective on scaling-up, seminar participants reviewed the literature on scaling-up of HIV programs and other development efforts. They then discussed a number of case studies, including one on post-abortion care that described experiences and approaches to scaling-up quite similar to their own.

Representatives of the Cambodia Home Care Program discussed their NGO's successful partnership with the Ministry of Health and the Khmer HIV/AIDS National Alliance, which complemented each entity's strengths and resources and thus enabled the scaling-up of the country's first HIV/AIDS home care service. The Asociación de Salud Integral of Guatemala and the Family Health Trust Anti-AIDS Clubs of Zambia both reported on the importance of community support and participation in their own scaling-up experiences.

"Too many people confuse scaling-up with simply doing more, forgetting that we also need to do things better."

The gathering also identified gaps in knowledge and key research questions about scaling-up for future research and evaluation: How does increased coverage affect quality? What models of scaling-up best ensure sustainability? How much more does it cost to scale-up? What are workable models of orga-

nizational structure to accompany scale-up?

"NGOs are under increasing pressure to scale up, and seminar participants agreed we need research that contributes to our understanding of the strengths and weaknesses inherent in different approaches," said Chris Castle of Horizons/International HIV/AIDS Alliance, one of the organizers of the seminar.

A new publication is in the works that will synthesize the discussion of the seminar as well as the findings of the 12 case studies, a background paper, and a literature review commissioned by the seminar's sponsors. For more information, contact Chris Castle at ccastle@pcdc.org.

WHO/J.-L. RAY

Male involvement in antenatal care provides opportunities for couple counseling.

HARARE, ZIMBABWE
Men and Women Differ in Expectations About Male Involvement in Pregnancy

Researchers investigating whether increasing men's role in antenatal care could lead to lower HIV risk for couples have found that the men and women they are studying define the concept of "male involvement" differently. Understanding this gap in expectations between the two sexes is key to building successful interventions for couples who want to improve communication about their relationships and about sexual and reproductive health issues.

Phase 1 of the study, a collaboration between the Centre for Population Studies at the University of Zimbabwe and Horizons, included 30 focus group discussions and 30 in-depth interviews with pregnant women, men, community leaders, and antenatal care staff at hospitals serving commercial farming communities in Zimbabwe. The researchers found that interest in male involvement is widespread among both women and men.

Male informants said they would like to know more about pregnancy, which they perceive as being shrouded in mystery, while female informants said increased male involvement would strengthen their families. Both men and women agreed that male involvement in antenatal care should include providing financial support, accompanying pregnant partners to the clinic, and sharing printed information on pregnancy that women bring home from the clinic. But women had far greater expectations about what male involvement should mean.

"Women expressed concern because they rarely communicate with their husbands about sexual health, and they feel uncomfortable broaching the topic," said Dr. Ravai Marindo of the Centre for Population Studies, a principal investigator of the study. "Most women told us that men who are truly involved would offer the kind of emotional support they aren't currently giving to their female partners."

Female study participants said that male involvement means that a man would talk to his pregnant partner and her service providers about her needs during pregnancy and her ongoing reproductive health. They felt that male partners should become actively engaged in the pregnancy and not just be passive recipients of information. Women also said that involved men would notice physical changes during pregnancy and would make themselves available to help out at home when needed.

Other important early findings reveal structural barriers faced by men who do in fact want to become more involved in their partners' antenatal care, including inconvenient clinic hours and discomfort about sitting in waiting rooms filled with pregnant women. Antenatal care staff also expressed concern that they aren't appropriately trained to work with couples.

Based on the formative research, the project team has developed a theme for the intervention: "Mira Newako" (in Shona, "Stand by Your Partner"). An outreach component for couples designed to bring both sexes in to clinic settings will soon begin. In addition, antenatal care staff and other maternal-child health counselors will receive training in HIV/AIDS-related couple counseling. Enabling couples to discuss such sensitive issues as sexuality and family health is an important goal of the intervention phase of the study.

The study continues until mid-2002. For more information, contact Dr. Ravai Marindo, Centre for Population Studies, at ravai@compcentre.uz.ac.zw, or Dr. Julie Pulerwitz, Horizons/PATH, at jpulerwitz@pcdc.org.

WASHINGTON, D.C.
New HIV/AIDS Resource Allocation Tool Soon Available

To reduce HIV prevalence to target levels, should more of the HIV/AIDS program budget go to condom promotion or to STI treatment? What level of care can be offered to all AIDS-affected people nationally, and how much will it cost? Will planned expenditures on voluntary counseling and testing centers be enough to decrease HIV transmission rates?

Such questions are constant concerns for those who design national AIDS control programs. But soon, program planners and managers will have a simple yet powerful tool for determining how best to use resources to achieve HIV/AIDS prevention and care goals. The new analytical model, developed by the FUTURES Group with support from the Horizons Project, demonstrates how investment at specific levels in different activities affects both HIV transmission rates and coverage of the affected population with care interventions.

To understand the planning and budgeting obstacles that programmers face, FUTURES surveyed more than 20 national AIDS control program managers in 14 countries and found that most did not have reliable cost estimates upon which to base allocation decisions. The surveys also revealed that it's often not strategic goals but rather donor preferences or even simple inertia—"let's just do what we did last year"—that drives planning and budgeting.

"Program activities and goals were seldom linked," said Dr. Lori Bollinger of the FUTURES Group. "It became clear that many programs need more systematic strategic planning that brings together planners, program managers, and donors to make the connection between activities and objectives."

The tool helps such decision makers link program goals, activities, and cost. Through the use of models that focus on the costs of HIV/AIDS care and prevention of mother-to-child transmission and sexual transmission, the model tackles the complex balancing act of resource allocation. In each case, users enter variables determining type and level of care or treatment, coverage, and specific program choices to see both what each activity will cost and how it will affect the epidemic's impact. For example, the program manager can examine the impact on HIV prevalence of promoting increased condom use as well as the cost of delivering a larger number of condoms.

While interest is growing because of the new model's potential for linking program activities to objectives and thus improving the impact of national HIV/AIDS programs, the researchers advise caution in using initial versions of the model. The cost data thus far are based on a small number of studies from programs around the world and require further development and refinement. The FUTURES researchers feel that as they work to increase the sensitivity of the tool, program planners and managers can use the model right now to understand the interaction between program and budget decisions.

"At this point, we want people to try out the model at workshops and get some idea of what their choices lead to," said John Stover of the FUTURES Group.

Bollinger and Stover plan to complete field tests on the model in Malawi and Kenya later this year; meetings in Washington and Geneva will introduce the new tool to modeling experts and donors. A manual for the model will be available by the end of the summer, when the FUTURES Group also plans to disseminate the model and its documentation on its website: www.tfgi.com. For more information, contact Lori Bollinger at l.bollinger@tfgi.com or John Stover at j.stover@tfgi.com.

Visit the Horizons Project on the World Wide Web!
www.popcouncil.org/horizons/horizons.html

The Female Condom: Dynamics of Use in Urban Zimbabwe
Examines the patterns and dynamics of female condom use in Zimbabwe as a result of a social marketing program.
Research Summary: www.popcouncil.org/horizons/fcz.html
Full Report (available only in PDF on the web): www.popcouncil.org/pdfs/horizons/fcz.pdf

HIV and Partner Violence
Explores the links between HIV infection, serostatus disclosure, and partner violence among women attending a VCT clinic in Dar es Salaam, Tanzania.
Research Summary: www.popcouncil.org/horizons/ressum/vct_violence.html
Full Report (available only in PDF on the web): www.popcouncil.org/pdfs/horizons/vctviolence.pdf

Horizons AIDSQuest: An HIV/AIDS Survey Library
Includes surveys and other data collection tools from international and local organizations and from the published literature.
www.popcouncil.org/horizons/AIDSquest/index.html

Challenging HIV-Related Stigma and Discrimination in Southeast Asia: Past Successes and Future Priorities
A literature review of community-based interventions in the region that have attempted to reduce stigma and discrimination.
Full Report (available in HTML and PDF): www.popcouncil.org/horizons/reports/book_report/default.html

Making a Difference for Children Affected By AIDS
Describes baseline findings of an intervention study to assess the impact of succession planning, an orphan support program that reaches children before the death of a parent.
Research Summary: www.popcouncil.org/horizons/ressum/orphans.html

Male Circumcision and HIV Prevention
Presents the findings of a meeting of international researchers to explore the programmatic and research implications of the association between male circumcision and HIV prevention.
Research Update: www.popcouncil.org/pdfs/horizons/rs/Re_male_circ.pdf
Full Report (available in HTML and PDF): www.popcouncil.org/horizons/reports/circumcision/default.html

The Participation of People Living with HIV/AIDS (PLHA) in Community-based Organizations
Documents the models of PLHA involvement, its impact on service delivery, and how to meet the needs of PLHA for greater and more meaningful involvement in intervention efforts in Burkina Faso.
Research Summary: www.popcouncil.org/horizons/ressum/plha.html

Peer Education and HIV/AIDS: Past Experience, Future Directions
A participatory and comprehensive analysis of the strengths and limitations of peer education. Includes findings from a needs assessment of program managers, a literature review, and an international consultation.
Full Report: www.popcouncil.org/pdfs/peer_ed.pdf

Promoting 100 Percent Condom Use in Dominican Sex Establishments
Baseline findings from an intervention study in the Dominican Republic to test two models of an adapted version of Thailand's 100 Percent Condom Use Program.
Research Summary: www.popcouncil.org/horizons/ressum/dr.html

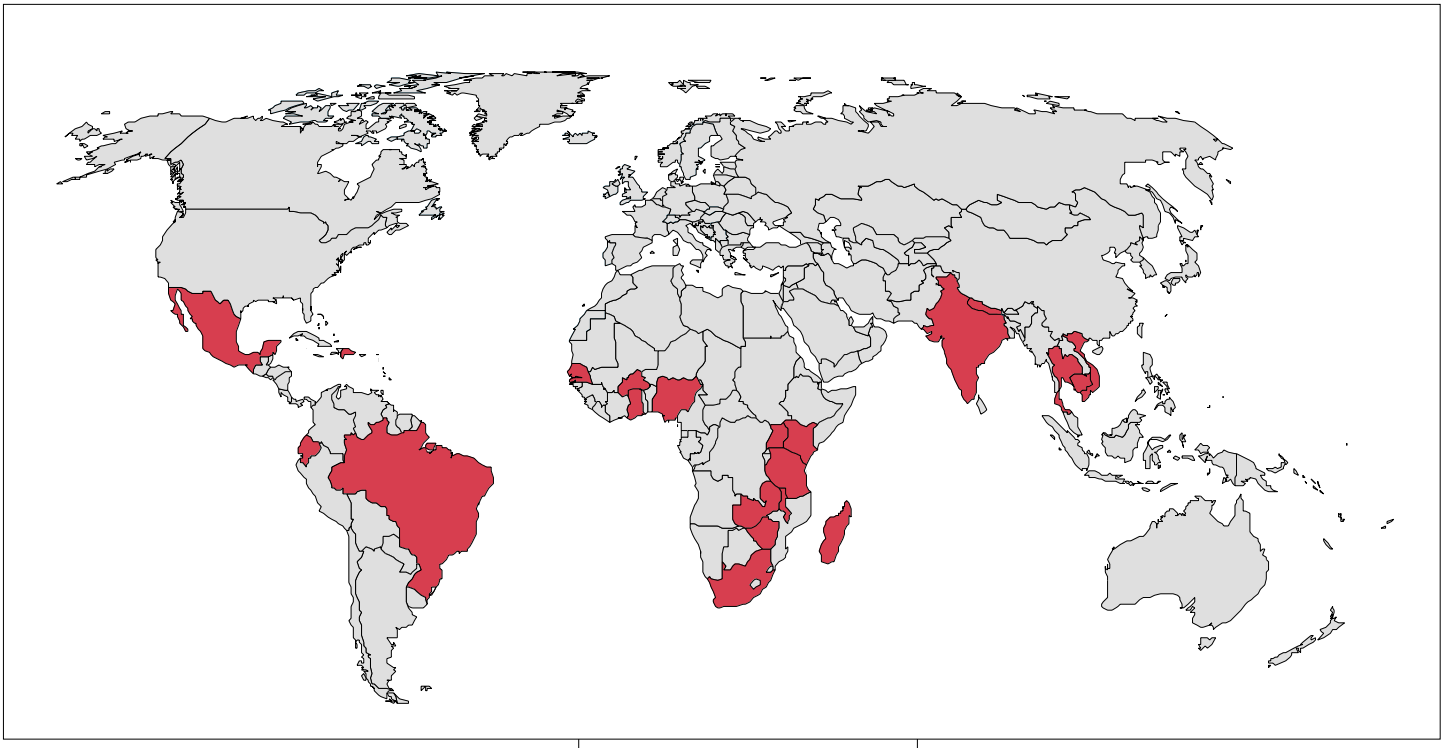
Voluntary HIV Counseling and Testing: Will It Attract Youth?
Results from a formative research study in Kenya and Uganda to better understand how to make VCT services more responsive to the needs of young people.
Research Summary: www.popcouncil.org/horizons/ressum/vct_youth.html

Research Updates (*available on the web at* www.popcouncil.org/horizons/horizons.html):

Barrier Methods for HIV/STI Prevention
Behavior Change
Care and Support
Community Mobilization and Support
Gender and HIV/AIDS
HIV/AIDS Policy Research
Prevention of Mother-to-Child Transmission of HIV
Sexually Transmitted Infections
Stigmatization and Discrimination
Strengthening and Expanding the NGO Response
Voluntary HIV Counseling and Testing
Youth and HIV/AIDS

The Horizons Project

HIV/AIDS Operation Research in 21 Countries



Horizons Report

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Population Council

The Population Council is an international, nonprofit, nongovernmental institution that seeks to improve the wellbeing and reproductive health of current and future generations around the world and to help achieve a humane, equitable, and sustainable balance between people and resources. The Council conducts biomedical, social science, and public health research and helps build research capacities in developing countries. Established in 1952, the Council is governed by an international board of trustees.

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